

Part B services, is computed in accordance with § 405.740 of this chapter for Part A services and § 405.820(b) of this chapter for Part B services. If the basis for the appeal is the refusal of services, the projected value of those services is used in computing the amount remaining in controversy.)

[59 FR 59942, Nov. 21, 1994]

#### § 417.632 Request for hearing.

(a) *Method and place for filing a request.* A request for a hearing must be made in writing and filed at one of the places specified in § 417.616(a).

(b) *Time for filing a request.* Except when the time is extended by a presiding officer as provided in 20 CFR 404.933(c), a request for a hearing must be filed within 60 days of the date of the notice of reconsidered determination.

(c) *Parties to a hearing.* (1) The parties to a hearing must be the parties to the reconsideration and any other person or entity whose rights with respect to the reconsideration may be affected by the hearing, as determined by the ALJ.

(2) The HMO or CMP must be made a party to the hearing but does not have a right to request a hearing.

(d) *ALJ action when the amount in controversy is less than \$100.* (1) If the request plainly shows that the amount in controversy is less than \$100, the ALJ dismisses the request.

(2) If, after a hearing is initiated, the ALJ finds that the amount in controversy is less than \$100, he or she discontinues the hearing and does not rule on the substantive issues raised in the appeal.

[50 FR 1346, Jan. 10, 1985; 50 FR 20570, May 17, 1985, as amended at 60 FR 46234, Sept. 6, 1995]

#### § 417.634 Departmental Appeals Board review.

Any party to the hearing, including the HMO or CMP, who is dissatisfied with the hearing decision, may request the Departmental Appeals Board to review the ALJ's decision or dismissal. Provisions regarding Departmental Appeals Board review are contained in 20 CFR 404.967 through 404.983.

[50 FR 1346, Jan. 10, 1985; 50 FR 20570, May 17, 1985; 58 FR 38083, July 15, 1993, as amended at 61 FR 32348, June 24, 1996]

#### § 417.636 Court review.

(a) *Review of ALJ's decision.* A party or the HMO or CMP may request judicial review of an ALJ's decision if—

(1) The Departmental Appeals Board denied the party's or the HMO's or CMP's request for review; and

(2) The amount in controversy is \$1,000 or more.

(b) *Review of Departmental Appeals Board decision.* A party or the HMO or CMP may request judicial review of the Departmental Appeals Board decision if—

(1) It is the final decision of HCFA; and

(2) The amount in controversy is \$1,000 or more.

(c) *Request for review.* The civil action must be filed in a district court of the United States in accordance with section 205(g) of the Act (see 20 CFR 422.210 for a description of the procedures to follow in requesting judicial review).

[50 FR 1346, Jan. 10, 1985, as amended at 58 FR 38083, July 15, 1993; 61 FR 32348, June 24, 1996]

#### § 417.638 Reopening determinations and decisions.

An organization, reconsidered, or revised determination made by an HMO, CMP, or HCFA, or a decision or revised decision of an ALJ or the Departmental Appeals Board, may be reopened in accordance with the provisions of § 405.750 of this chapter.

[59 FR 59942, Nov. 21, 1994, as amended at 61 FR 32348, June 24, 1996]

### Subpart R—Medicare Contract Appeals

SOURCE: 50 FR 1346, Jan. 10, 1985, unless otherwise noted.

#### § 417.640 Determinations subject to appeal.

This subpart establishes the procedures for making and reviewing the following initial determinations:

(a) A determination that an HMO or CMP is not qualified to enter into a contract with HCFA under section 1876 of the Act.